

ISDH Injury Prevention Advisory Council
March 20, 2008
Minutes

- I. **Attendance** – Ann Alley (ISDH Primary Care); Dawn Daniels (Riley Hospital); Joan Duwve (ISDH Injury Program); Jodi Hackworth (ISDH Injury Prevention Program); Stephanie Lefler (St. Mary's Medical Center); Joan Marciniak (ISDH Injury Prevention Program); Joanne Martin (IU School of Nursing/Healthy Families Initiative); Nick Montelauro (Trans-Care EMS); Jim Mowry (Indiana Poison Center); Donna Myers (ISDH Maternal and Child Health); Susan Perkins (ISDH Trauma Program)

II. **ISDH update**

- a. Dr. Joan Duwve has replaced Dr. Charlene Graves at ISDH. Dr. Graves will continue to do part-time contract work with the Trauma program but not in injury. Dr. Duwve is serving as the Medical Advisor to the injury program.
- b. Injury was not selected as a top ISDH priority area for 2008. We are hopeful for that it will be a priority in future years. It's a huge step that injury was even under consideration.
- c. Indianapolis Woman magazine has a partnership with ISDH to highlight a public health issue every month. The highlight includes a multi-page, colored insert focused on data, programs, and personal stories. The June issue is scheduled to highlight injury prevention issues. Jodi and Joan will be meeting with the person organizing the section in the next week or so to see what the plans are for the section. Jodi and Joan will contact the IP Advisory Council for input, ideas, and help with the project. Discussion included using the article to educate about injury – that it's a public health issue and that there are intentional and unintentional injuries; to focus on domestic violence, bullying, SIDS, and dating violence; to highlight injuries through out the lifespan (maybe a center fold-out poster folks could hang up); to educate about home safety and checklist to follow to determine if the home is safe, etc. Discussion also mentioned that we should publicize the Family Help Line. We also thought it was really important to list resources and referral information in the article.

III. **Epidemiology**

- a. Completed reports – Motor Vehicle Crashes in Indiana (2003-2006), Traumatic Brain Injury report, and Spinal Cord Injury report
- b. Reports in progress – Injuries in Indiana (2003-2006) to be completed by the end of 2008. The report is very comprehensive and lengthy, covering deaths, inpatient hospitalizations, emergency visits, prevention, and resources for each injury topic (motor vehicle crashes, falls, poisonings (including lead), fires and burns, suicide, homicide, and maybe family violence). Also the 2008 Firework report will be completed around August. Dawn Daniels stressed the importance of breaking out the MVC section into specialties such as pedestrians involved in MVC. IPS is going to eliminate bussing in elementary schools and pedestrian

crashes are an important topic to discuss. Jim Mowry said he would be happy to provide poisoning data for the report.

- c. We are in the process of updating the website which will have one site for both injury and trauma. All the data reports will be placed on there as well as all trauma activities and announcements.

IV. Trauma System

- a. Taskforce met in February. One of the main topics of discussion and action on their agenda is to get a state-wide American College of Surgery consultation to assess the trauma system and where it needs to go. The consultation will cost about \$65,000 and the Taskforce is currently looking into how to fund it. The first trauma newsletter, Trauma Times, has been distributed and widely accepted. Future editions will have an injury highlight section that the IP Advisory Council will work on.
- b. Some data has been imported to the trauma registry and most of the server issues have been resolved by Image Trend. Data should be available by the end of the year. We are getting closer to hiring a trauma registrar. The potential candidate is highly qualified and the process is now in HR's hands and hopefully will move forward quickly.
- c. Traffic Records Assessment preliminary report
NHTSA conducted a traffic records assessment for the State of Indiana on March 3rd through March 7th, 2008. A team of professionals with backgrounds and expertise in the several component areas of traffic records data systems (crash, driver/vehicle, traffic engineering, enforcement and adjudication, and EMS/Trauma data systems) conducted the assessment. ISDH received NHTSA 408 funding through ICJI as part of the state's Traffic Records Coordinating Committee. This assessment covered all of the components of a traffic records system. The purpose was to determine whether the traffic records system in Indiana is capable of supporting management's needs to identify the state's safety problems, to manage the countermeasures applied to reduce or eliminate those problems, and to evaluate those programs for their effectiveness. One of the major recommendations that was made by the assessment team that impacts trauma and injury prevention efforts was that Indiana should push for a legislative mandate of ICD-9-CM E Codes in hospital discharge data. Currently, only 44-55% of hospital discharge database records have E codes associated with them, which makes identifying the causes of injuries very limited.

V. Spinal Cord Injury/Traumatic Brain Injury Trust Fund

- a. Legislation was passed last year to create a SCI/TBI Trust Fund. Initially the money would come from a \$10 motorcycle registration fee but folks were outraged and now it looks like the funding will be a 30 cent tax on all non-commercial registrations. The total amount collected will be approximately the same as estimated with the motorcycle tax. The main purpose of the Trust Fund is to support SCI/TBI research in Indiana. The Fund is overseen by a nine person board – four appointed by the Governor and five were designated by organizations outlined in the legislation.

- b. There is a research symposium schedule for April 17th. The purpose is to find out what's going on in the state around SCI/TBI research. The first round of grants should be out by the end of the year.
- c. 2008 goals

First Quarter	<ul style="list-style-type: none"> • Approve By-laws • Elect Officers • Finalize contractual agreements for Administrative Support and Scientific Reviewers • Develop Indiana Spinal Cord and Brain Injury Research Symposium. Symposium to be held in central location and bring together representatives from throughout the state to discuss current research activities, as well as future opportunities and priorities. Governmental, academic, advocacy and health care organizations to be represented, as well as representation for individuals with these disabilities. • Create draft of initial grant offerings and grant review process
Second Quarter	<ul style="list-style-type: none"> • Host the Indiana Spinal Cord and Brain Injury Research Symposium • Finalize grant review process including types of grants, grant cycles, applications and processes for distribution • Work with ISDH on contractual agreements for next period • Assess opportunity for development of web page within ISDH
Third Quarter	<ul style="list-style-type: none"> • Develop scientific review panel • Announce call for first grants and accept applications for first grant cycle • Identify needs surrounding collaborative state medical surveillance registry for traumatic spinal cord and brain injuries.
Fourth Quarter	<ul style="list-style-type: none"> • Announce first recipients of grants from the Indiana Spinal Cord and Brain Injury Research Fund • Analyze process of first grant cycle for improvements in 2009 • Dependant upon identified grant cycles, begin process for next grant cycle

VI. Direction and focus of Advisory Council

- a. The Council originally was more state-wide and had both an adult and pediatric focus. In recent years, the Council has become more local and more focused on the pediatric population. There are many organizations missing around the table. The Council has always been chaired by Dr. Graves.
- b. The Council would like to re-energize the group and get more statewide representation and focus on the life span and both urban and rural areas. Discussion also included the possibility of making meetings available by conference call to accommodate folks from around the state. There was discussion about another partner or entity chairing the group with the IP program offering more staff support.
 - i. It was decided that a one-day strategic planning workshop would be convened to get input from folks about how to move injury and trauma forward as well as to assess the strengths and weakness of the system. Stephanie Lefler has volunteered to lead the process and planning. We are considering holding the workshop in the fall but will determine as we go what timeline is best. Dr. Monroe would be invited to give a presentation, and we may also try to get a CDC speaker to open the day and get folks fired up about injury prevention and trauma before kicking off the workshop.

- ii. Please send names and contact information of individuals working in injury and trauma that should be invited to the table to Stephanie (sjlefler@stmarys.org). We want to include local health departments and community health centers in the process as well.
- c. The hope is that some of the people that help with the strategic planning will also become part of the Council that meets regularly. It was decided that at some point we would list out responsibilities of Council members so that individuals wishing to join the group would have a better idea of what the commitment level is.
- d. States that have good injury programs to look at as we move forward include Missouri, Maryland, and Oklahoma.

VII. Advisory Council member updates

- a. Jim Mowry (Indiana Poison Center) – This week is National Poison Control Week and Barb Cole (Educator) is very busy.
 - i. Medicine drop off project in Marion County was today
 - ii. Have a grant to do poison education with Hispanics, to understand their needs, redo education materials, etc (55 instructors were trained).
 - iii. Also have a similar grant to work with seniors, to understand their needs, redo education materials, etc. Currently, focus groups are being held.
 - iv. Still working on the Making the Right Call campaign and have instructors in all but five counties in the state.
 - v. Working with ISDH Epi folks to monitor real-time outbreaks or anomalies in their data system in order to have better surveillance.
- b. Dawn Daniels (Riley Injury Free Coalition for Kids)
 - i. Working with IPS on a pedestrian injury project to increase safety for children walking to school. IPS is considering eliminating the busing of children to elementary school to save money. Between May and June, the project will be conducting pedestrian observations and then roll out the pilot project. Also, the project will work with Wishard to obtain baseline data on adult pedestrian behaviors.
 - ii. Working on bike safety education and will be rolling it out to summer camps. Currently only 5% of people in IN wear bike helmets.
 - iii. Working on safe sitter program that educates on how to soothe babies safely as well as incorporating injury prevention pieces.
 - iv. BLS training is also being started and the training will target parents, tweens, and teens.
 - v. Wanting to work more on ATV education and rural safety
 - vi.
- c. Joanne Martin (IU School of Nursing/Healthy Families Initiative)
 - i. Have a CDC grant to do a randomized control trial with health families to discover the impact of e-parenting education (involves a staff person visiting the home (8 sessions) and bring a laptop which has interactive parenting education information). 420 families will be recruited in April.
- d. Stephanie Lefler
 - i. Conducting a car seat class in their community and its' full.
 - ii. Also, working on an older driver education program.

- iii. An ATV safety class was conducted with a conservation class. Problems with ATV's include tipping and drivers who are 16 and under. The problem with the class is that it was difficult for people to bring their own ATV that was the correct size.

VIII. Next meeting - ??